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IMMUNIZATION MINIMUM DOSE REQUIREMENTS FOR CHILD CARE
(2 MO. TO SCHOOL ENTRY)
YEAR 2013/2014

*The following requirements are based on the
"Recommended Childhood and Adolescent Immunization Schedule, United States 2009".*

- **DTaP** (Diphtheria, Tetanus & Pertussis vaccine):
4 or more doses – recommended at 2 months, 4 months, 6 months, 15-18 months
A booster dose is usually given at 4-6 years. Some children do not get DTaP vaccine. These children can get a vaccine called **DT**, which does not contain pertussis.
- **Hep B** (Hepatitis B vaccine):
3 doses – recommended at birth, 1-2 months, 6-18 months
- **IPV** (Polio):
3 or more doses – recommended at 2 months, 4 months, 6-18 months
A fourth dose is usually given at 4-6 years.
- **Hib** (*Haemophilus influenzae type b* vaccine):
4 doses – recommended at 2 months, 4 months, 6 months, 12-15 months
Several Hib vaccine brands are available. With one brand, the 6-month dose is not needed. Hib is **not** required for children age 5 years and older.
- **MMR** (Measles, Mumps, & Rubella vaccine):
1 or 2 doses – first dose recommended at 12 – 15 months
A second dose is usually administered at 4-6 years.
- **VAR** (Varicella or chickenpox vaccine):
1 dose - recommended at 12 – 15 months
A second dose is usually administered at 4-6 years.
Confirming laboratory test documenting immunity is acceptable.

Vaccines that are recommended but not required for childcare

- **Hep A (Hepatitis A vaccine):**
2 doses – recommended at 12 months, booster 18 months
- **Influenza (flu):**
Recommended at 6 months and older, one dose annually (2 doses when it's the first year the child receives influenza vaccine)
- **PCV 13 (pneumococcal):**
4 doses-routinely recommended at 2 months, 4 months, 6 months, 12-15 months
- **RV (Rotavirus):**
Rotateq- routinely recommended 3 doses -2 months, 4 months, 6 months
OR
Rotarix-routinely recommended 2 doses - 2 months, 4 months

Brand Names for Vaccines:

Diphtheria, Tetanus, acellular Pertussis, (DTaP/DT/DTP):

Infanrix®, Pediarix®, DT, Tetramune®, ActHIB®, Daptacel®, Pentacel®, Hiberix®, TriHIBit®

Haemophilus influenzae type b (HIB):

ActHIB®, PedvaxHIB®, COMVAX®, HibTITER®, Pentacel®

Polio (IPV/OPV)

IPOL®, Pediarix®, Pentacel®

Measles, Mumps, Rubella, (MMR):

MMRII
ProQuad® (Combination of MMR and Varivax)

Hepatitis B (HepB):

ENGRIX B®, Pediarix®, RECOMBIVAX®, COMVAX®

Varicella (Chicken Pox, VAR):

Varivax®, ProQuad®, (Combination of MMR and Varivax)

PCV (Pneumococcal):

Prevnar®

Hepatitis A:

Havrix®, Vaqta®

RV (Rotavirus):

Rotateq®, Rotarix®

*Questions should be directed to the New Hampshire Immunization program at:
1-800-852-3345 x4482 or 603 271-4482*